MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/591863

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

IND. DEP. IND. DEP. IND. DEP. 1		AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
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CLAIMS CLAIMS CONTRACTOR CONTRACT	TOTAL CLAIMS	0		2		0	

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TOTAL IND.	0	-	0	-	0	•
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TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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